



Dollar and Energy Saving Loans
Technical Audit Loan Application

• Read Instructions on Reverse Side

FORM

30

APPLICANT NAME AND MAILING ADDRESS			FACILITY DATA		
Applicant's Name			Location or Address		
Mailing Address			City		State Zip Code
City		State Zip Code	County Name		Legislative Dist. Congressional Dist.
Telephone Number ()		FTIN:		Facility Description	
County Name		Legislative District	Congressional District		Facility is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other _____ Describe Use/Type of Operation and Technical Services Desired (use additional page if necessary)
Applicant Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Local Government Type: _____			Facility Description <input type="checkbox"/> Residential: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family, No. of units _____ <input type="checkbox"/> Small Business or Nonprofit, FTE No. _____ Total annual sales or revenue \$ _____ <input type="checkbox"/> Climate Wise Partner, Principle SIC _____ <input type="checkbox"/> Rebuild Nebraska Partner: <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Local Government <input type="checkbox"/> Rural Nursing Home <input type="checkbox"/> Agricultural, Total product produced in 1 year \$ _____ Year used _____		
OWNER NAME AND MAILING ADDRESS (if different from applicant)			TECHNICAL AUDIT COST		
Owner's Name			Technical Audit Base Cost Fee \$ _____		
Mailing Address			Additional Expenses \$ _____		
City		State Zip Code	TOTAL Cost \$ _____		
Telephone Number ()		FTIN:			

UTILITY SUPPLIERS				
Utility Source	Name of Supplier	Mailing Address	Phone Number	Account No.
Electricity	<input type="checkbox"/> *			
Furnace Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil	<input type="checkbox"/> *			
Stove Fuel <input type="checkbox"/> Coal <input type="checkbox"/> Wood	<input type="checkbox"/> *			
Other (Specify)	<input type="checkbox"/> *			
Other (Specify)	<input type="checkbox"/> *			
Other (Specify)	<input type="checkbox"/> *			

* Mark this box if the utility account is not in your name. Then attach the appropriate completed Form 35(s).

APPLICANT LENDER/CREDIT REFERENCES				
Lender	Mailing Address	Account Officer	Telephone No.	Type of Acct.
Other	Mailing Address	Account Rep.	Telephone No.	Type of Acct.

SIGNATURES				NEO USE ONLY
I hereby authorize the Nebraska Energy Office to obtain utility usage, cost and billing information from the utility suppliers listed above. This information may include past and present as well as future usage, cost and billing patterns. I also certify all the information supplied above is true and correct to the best of my knowledge and belief and that I have the legal authority to sign the application. I further authorize the Nebraska Energy Office to obtain a credit report and credit information from my creditors, the costs of which will be added to the loan and that I will permit the Nebraska Energy Office, as they deem necessary, to have access to the subject facility and records in order to make on-site inspections of the facility to be served.				Note number: _____ Date approved: _____ By: _____ Purpose of Loan: _____ Is loan secured?: _____ Interest rate: _____ No. of payments: _____ Payment frequency: _____ First payment date: _____ Maturity date: _____ Amount of payments: \$ _____ Final Payment: \$ _____ Maximum term: _____
Authorized Signature of Applicant	FTIN of Signatory	Title, if any	Date	
Co-Signature for Applicant, if Required	FTIN of Co-Signatory	Title, if any	Date	
I acknowledge the above-named applicant is applying for a technical audit loan for the facility described in this application and that as owner, I will permit the Nebraska Energy Office, as they deem necessary, to have access to the subject facility and records in order to make on-site inspections of the facility to be served. It is understood, I am not accepting any liability for the loan, which is solely the responsibility of the applicant(s).				
Signature of Owner, if Different from Applicant	FTIN of Owner	Title, if any	Date	
Signature of Co-owner, if applicable	FTIN of Co-Owner	Title, if any	Date	

MAIL THIS APPLICATION AND TECHNICAL AUDIT COST ESTIMATE (Form 31) TO THE:
NEBRASKA ENERGY OFFICE, BOX 95085, LINCOLN, NE 68509, PHONE 402-471-2867, FAX 402-471-3064

INSTRUCTIONS

WHO MAY APPLY. Only legal residents of Nebraska may apply for a technical audit loan. A legal resident is a person who is domiciled in Nebraska **or** who has maintained a permanent residence and spent over six months in Nebraska. A Climate Wise or Rebuild Nebraska Partner with a permanent facility in Nebraska may apply for a loan for that facility, even if the Partner does not reside in Nebraska.

APPLICANT NAME AND MAILING ADDRESS. Type or print the name, address and federal taxpayer identification number of the applicant in the space provided. List your county of residence, legislative district and congressional district numbers. If you are a Climate Wise or Rebuild Nebraska Partner and you do not reside in Nebraska, indicate "not applicable" for the county, legislative and congressional districts. Indicate the type of applicant you are by checking the appropriate box. Climate Wise and Rebuild Nebraska Partners should list the name and address of the facility manager or chief financial officer at the facility if the company is owned by an entity not residing in Nebraska.

OWNER NAME AND ADDRESS. If the name and address of the owner of the facility where the technical audit is to be made is different from the applicant's name, type or print the name, address and federal taxpayer identification number of the owner of the facility in the space provided.

FACILITY DATA. If the location or address of the facility where the technical audit is to be done is different from the mailing address of the applicant, type or print the location address of the facility in the space provided. Indicate the county, legislative and congressional district where facility is located. Check the box indicating whether the facility is owned or leased, or held otherwise.

Facility Description. Check the category which best describes how the facility is used. If the facility is used in an agricultural operation, list the dollar amount the operation produces in a year and provide the year which was used for the dollar amount given. If you are a small business or nonprofit, provide the number of full time equivalent employees you have and your total annual sales or revenue. If you are a Climate Wise Partner, list the principle SIC for the facility. If you are a Rebuild Nebraska Partner, indicate whether the facility is commercial or multi-family.

Describe Use/Type of Operation and Technical Services You Will be Needing. Identify the facility's actual use (for example, apartments, rental units, retail store, warehouse, hog farrowing unit, manufacturing, food processing, etc.).

Print the facility's total square footage in the space provided.

TECHNICAL AUDIT COST. Mark the estimated cost for the auditor to perform the technical audit, the auditor's estimated expenses and the total of both items. These can be found on Form 31.

UTILITY SUPPLIERS. Include all utilities used in the facility receiving the technical audit. Consider fuels used for transportation, heating and cooling, water heating, lighting, manufacturing processes, water, sewer, waste disposal, etc. Mark the supplier's name, mailing address, phone number and your billing account number (if applicable) in the spaces provided. If an account is not in your name, then check the box and attach a completed Form 35 with the information for that utility supplier. (This might happen where a landlord is seeking a loan, but the tenant pays the utility bills.) Attach an additional sheet if necessary.

LENDER/CREDIT REFERENCES. Include name, mailing address, account officer's name, and telephone number for all the financial institutions where you have a borrowing relationship. If you do not have a borrowing relationship with a financial institution, provide names, mailing addresses, account representative's names, and types of accounts for other creditors who can be used as a reference as well as the financial institution(s) with whom you have a deposit relationship. Attach an additional sheet if necessary.

SIGNATURES. This application must be signed and dated by the applicant, applicant's business partner (if applicable), owner of the facility where the technical audit will be done (if different than applicant), and facility co-owner (if applicable). Provide the appropriate federal taxpayer identification numbers and titles of persons signing.

FOR MORE INFORMATION contact the Nebraska Energy Office, P.O. Box 95085, Lincoln, NE 68509, Phone (402) 471-2867.